

**Ohio Parenting and Pregnancy Program Grant  
APPENDIX A  
TECHNICAL APPLICATION**

| <b>Program Budget<br/>(Page 1 of 2)</b>   |                     |
|---|---------------------|
| <b>Personnel</b>  | <b>\$ 53,599.21</b> |
| <b>Fringe Benefits</b>  | <b>\$ 17,494.78</b> |
| <b>Staff Mileage/Other Travel</b>   | <b>\$ 3,519.00</b>  |
| <b>Supplies</b>   | <b>\$ 3,138.17</b>  |
| <b>Health Care Services</b>   | <b>\$ -</b>         |
| <b>Contracted services</b>  | <b>\$ -</b>         |
| <b>Participant Transportation</b>   | <b>\$ 2,890.00</b>  |
| <b>Participant Support :</b>  | <b>\$ 4,300.00</b>  |
| <b>Equipments ( shall not exceed 5% of the budget)</b>  | <b>\$ -</b>         |
| <b>Other : Occupancy</b>  | <b>\$ 3,306.36</b>  |
| <b>Other: Communication costs</b>   | <b>\$ 1,215.40</b>  |
| <b>Other (Specify here)</b>   |                     |
| <b>Total Program costs:</b>   | <b>\$ 89,462.92</b> |
| <b>Indirect Costs ( shall not exceed 15%)<br/>- Federally approved CSSMV rate 7.1%; letter provided</b> | <b>\$ 6,351.87</b>  |
| <b>TOTAL:</b>   | <b>\$ 95,814.79</b> |

| <b>Program Budget</b><br><b>(Page 2 of 2)</b>  |                     |
|--|---------------------|
| Please describe the costs and provide any necessary calculations for each budget line item. If indirect costs are included, the agency must provide a copy of their current approved indirect cost plan. Indirect costs will not be allowable without an appropriately approved indirect cost plan.  |                     |
| <b>Personnel: Salaries for 10 months :</b><br>1 Case worker: 1FTE = \$ 24,456.25;<br>1 Part-time Case Aide/Staff Support .53 FTE = \$ 10,166.00;<br>1 part-time Adoption Options Trainer .53 FTE = \$ 15,600.00;<br>Program Supervision .053 FTE= \$ 3,376.96<br>for a total of <b>\$53,599.21</b>   | <b>\$ 53,599.21</b> |
| <b>Fringe Benefits:</b> at 32.64% (FICA 7.65%, Health Ins. 19.45%, Life Ins 1.24%, Retirement 2.0%, Un Emp Ins. 1.0%, Workers Comp 1.3% ) X \$ <b>53,599.21</b> = \$ <b>17,494.78</b>  | <b>\$ 17,494.78</b> |
| <b>Staff Mileage/Other Travel :</b> Mileage only for Adoption Option Trainer to and from training sites, Caseworker to and from client homes, @ .46 per mile approx 7650 miles = \$ <b>3,519.00</b>  | <b>\$ 3,519.00</b>  |
| <b>Supplies:</b> Paper, file folders, customary desk/office supplies, for 10 months: for listed staff = \$ <b>1,788.17</b> ; Desk phones for Case Worker and Adoption Options trainer = 2 @ \$400 = \$ <b>800</b> ; shared program printer = \$ <b>350</b> ;Nurturing Parent Curriculum materials & AAPI assessments = \$ <b>200</b> = total of \$ <b>3,138.17</b> | <b>\$ 3,138.17</b>  |
| <b>Health Care Services</b>  | <b>\$ -</b>         |
| <b>Contracted services</b>   | <b>\$ -</b>         |
| <b>Participant Transportation:</b> Bus tokens for 85 participants twice per month for 10 months @ \$1.70 per token = \$ <b>2,890.00</b>  | <b>\$ 2,890.00</b>  |
| <b>Participant Support :</b> Participant meals @\$ 10 X180 trainees =\$ <b>1,800.00</b> ; CM support/client assistance diapers & food X average of 25 clients for 10 months = \$ <b>2,500.00</b>   | <b>\$ 4,300.00</b>  |
| <b>Equipments ( shall not exceed 5% of the budget)</b>   | <b>\$ 0.00</b>      |
| <b>Other : Occupancy:</b> Utilities- share for 2 FTEs of 22 in building = 9.09% of monthly \$2,902 bill = \$ <b>2,638.18</b> ; Janitorial -share for 2 FTEs of 22 in building =9.09% of monthly \$735 bill=\$ <b>668.18</b> for total of \$ <b>3,306.36</b>  | <b>\$ 3,306.36</b>  |
| <b>Other: Communication Costs</b> Land line & internet for Case Worker and Adoption Options trainer for 10 months = \$ <b>915.40</b> ; Cell phone reimb for Case Worker and Adoption Options trainer @ \$15.00/month for 10 months = <b>300.00</b> =\$ <b>1,215.40</b>   | <b>\$ 1,215.40</b>  |
| <b>Other (Specify here)</b>  |                     |
| <b>Total Program costs:</b>  | <b>\$ 89,462.92</b> |
| <b>Indirect Costs ( shall not exceed 15%) - approved CSSMV rate 7.1%</b>   | <b>\$ 6,351.87</b>  |
| <b>TOTAL:</b>  | <b>\$ 95,814.79</b> |

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